

Synopses

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Colgate ANZSPD Research Awards

Eye-tracking applications in paediatric dentistry

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Objectives: This study sought to (i) ascertain the visual search behaviours of clinicians, with varying levels of training, while reading panoramic radiographs, and (ii) assess children's response to visual stimuli related to dental fear and anxiety.

Design: A screen-based eye-tracking monitor (Tobii X2-60, Tobii Pro, Sweden) was used to identify the fixations, saccades and pupil responses of the participants' eyes 60 times per second.

Sample and methods: Twenty participants with different levels of training read 6 panoramic radiographs each, which had a range of tooth abnormalities. A series of images taken in the dental surgery were shown to 20 children to assess their responses. Descriptive statistics were used to identify visual search behaviours used by clinicians and to identify children's responses to visual stimuli.

Results and conclusions: Data from 120 panoramic radiographs and responses from 20 children were available for final analysis. The data obtained objectively demonstrated different visual search behaviours used by participants reading panoramic radiographs, which was consistent with their level of training. Data obtained from children demonstrated that eye-tracking can be used to objectively measure responses to visual stimuli when measuring dental fear and anxiety. Eye-tracking is an objective biometric measuring tool that has several applications in paediatric dentistry research.

Biodentine™: Leachate analysis in artificial saliva with differing pH

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Objectives: Biodentine™, which is a calcium-silicate based material, produces calcium hydroxide as a by-product of hydration, however, calcium may also be released following disintegration in solution. Consequently, this study investigated the leachate profile of Biodentine™ in artificial saliva solutions with differing pH.

Design: An in vitro study.

Sample and Methods: Biodentine™ (Septodont, Saint Maur des Fosses, France) samples were mixed in accordance with the manufacturer's instructions and condensed into 2ml RNA extraction tubes (9mm internal diameter) open at one end. After setting for 12 minutes, the samples (n=192) were randomly immersed in 15ml Eppendorf tubes containing 10ml of artificial saliva at pH of either 4.4 (lactic acid/sodium lactate buffer), 7.4 (HEPES buffer) or 10.4 (glycine/NaOH buffer). Eight samples were removed from each pH solution after 0.5, 1, 3, 12, 24, 72, 168 and 336 hours. The calcium and silicon concentrations in the solutions were assessed using inductively coupled plasma atomic emission spectroscopy (ICP-OES).

Results: All solutions demonstrated increases in calcium ion release over time; The highest mean calcium release was 473mg/L in the acidic pH group. For all time periods the difference in calcium ion release from the acidic and neutral pH groups was significant ($p<0.05$). Most time periods demonstrated a significant

difference in the calcium ion release between the acidic and basic, and the neutral and basic pH groups ($p<0.05$). Silicon ion concentration was significantly higher in the acidic solution across all time periods, compared to the neutral and basic groups ($p<0.05$).

Conclusions: Calcium and silicon ion release from Biodentine™ is significantly higher in acidic artificial saliva than in neutral and basic solutions. The higher concentration of silicon in acidic saliva indicates that some of the calcium release may be from cement disintegration, rather than calcium hydroxide precipitation.

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by Sue Cartwright,
BDS, Dip Clin Dent, M Ed

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Adolescent oral health in New Zealand in 2009

William P Fogarty¹, WM Thomson¹, MG Brosnan¹

¹ Sir John Walsh Research Institute, Faculty of Dentistry, University of Otago, New Zealand

Objectives: Adolescence is an important developmental epoch, yet data on adolescent oral health are scarce. The aim of this study was to describe the oral health (and its associations) of New Zealand adolescents.

Design: The current study was a secondary analysis of data from New Zealand's most recent (cross-sectional) national oral health survey.

Sample and Methods: The New Zealand Ministry of Health conducted a national oral health survey in 2009. Data on adolescent oral health were gathered through interviews and dental examinations. The current study was a secondary analysis of data on the 354 12- to 17-year-old adolescent participants, representing 373,986 adolescents in the population at that time. Several oral health domains were investigated, including dental caries, periodontal disease, dental fluorosis, dental trauma, dental anxiety and oral hygiene. Analyses used survey weights and were conducted using Stata.

Results: The prevalence of dental caries in the 12- to 14-year-old and 15- to 17-year-old age groups was 45% and 66%, respectively. Their respective mean DMFT scores were 1.4 and 2.5. The prevalence of gingivitis was 72%; clinical attachment loss ≥ 4 mm was seen in 11% (gingivitis and periodontal attachment loss were recorded in the 15- to 17-year-old group only). Dental fluorosis was relatively uncommon, with respective prevalence estimates of 17% and 10%, and dental trauma prevalence was 29% and 18%, respectively. Only a few of the 15- to 17-year-olds were dentally anxious, and oral hygiene in the 12- to 14-year-olds was generally fair/good. Various putative risk indicators/markers were identified for each domain.

Conclusions: This study gave an insight into the state of adolescent oral health in New Zealand in 2009, by describing several oral health-related domains, and identifying several putative risk indicators/markers for each domain. More research is needed; however, the findings can be taken as starting points for further investigation.

MTA and pulp therapy choices in the ANZ region

William Nguyen Ha¹, B. Kahler¹, L.J. Walsh¹

¹ The University of Queensland School of Dentistry

Objectives: The purpose of this study was to assess the restorative choices for pulpal therapy by members of the Australian and New Zealand Society of Paediatric Dentistry (ANZSPD).

Materials and methods: Members of the ANZSPD were sent an online survey asking about the procedures that they performed and their choice of dental materials.

Results: The respondents were 31 general dentists (GD) and 55 specialist paediatric dentists (PD). Materials used for indirect pulp capping included Ca(OH)₂ cement (CHC) GIC/RMGIC, Ca(OH)₂ paste (CHP) and Mineral Trioxide Aggregate (MTA). Materials for direct pulp capping included MTA, CHP and CHC. Materials and techniques used for pulpotomies included MTA, ferric sulphate, formocresol and diathermy, CHP and CHC. GD and PD were similar in their choice of materials. However, there was no majority preferred product for pulp therapy. Most GD learnt how to use MTA from CPD lectures while some PD learnt how to use MTA from their postgrad training as well as CPD lectures. Many did not have hands-on training from their education on how to use MTA (GD: 80%, PD: 43%). Most would like to attend hands on MTA courses (GD: 86%, PD: 65%).

Conclusion: There was no clear most popular product for the various types of pulp therapy in paediatric dentistry. Education appears to be more the major barrier to the use of MTA rather than its cost.

The Management of Oral Mucositis in Paediatric Patients undertaking Cancer Therapy

Dr Lloyd Hurrell¹, Chief Supervisor: A/Prof Sam Gue

¹ University of Adelaide

Objectives: To record and investigate the clinical characteristics, progression and management of oral mucositis (OM) in a paediatric population at the WCH, Adelaide. Further, to evaluate the agreeability of two scales used to assess patients' OM.

Design: Prospective longitudinal cohort study.

Sample and Methods: The study was performed over 28 months and assessed 68 episodes of OM in 47 paediatric oncology inpatients at the WCH, Adelaide. Patients with OM were identified through regular ward rounds of oncology inpatients. Assessment of the severity of OM was made using the ChIMES and WHO scale. Additional information was collected from patient medical records.

Results: The mean time to onset of OM was 8.4 days (+/- 4.0) with a median duration of 7.0 days (4.0, 10.5) and median admission of 7.0 days (4.5, 13.5). There was a significant relationship between the severity of OM and the duration of symptoms and admission. With decreasing neutrophil count, the severity of OM and use of pain medications increased.

The ChIMES and WHO scale were found to have substantial agreement in measuring severity of OM.

There was a reduction in patient adherence to an established oral care protocol as severity of OM increased. Conversely, use of chlorhexidine mouthwash only increased. Pain management was a significant component of OM management. There was a significant correlation between OM severity and Opioid administration via PCA and NCA and the use of IV Ketamine. Paracetamol use was high in all grades. The use of antiviral and antifungal medication and the need for supportive care also increased with OM severity.

Conclusion: OM is associated with significant morbidity in paediatric oncology patients.

Timely and effective management is important to reduce its burden. The management of OM should include basic oral care (involving an oral care protocol), multimodal pain management, management of secondary infections and supportive care.

Management of approximal and occlusal carious lesions in children and adolescents

T Keys¹, MF Burrow¹, S Rajan¹, DJ Manton¹

¹ Melbourne Dental School, Faculty of Medicine, Dentistry & Health Sciences

Objectives: To determine at what stage Australian dentists surgically intervene on

occlusal and approximal carious lesions of primary and permanent molars in children and adolescents. Once surgical intervention was chosen, the technique and restorative material used to prepare and restore the tooth was assessed.

Design: Ethics approval was obtained from the University of Melbourne. The 23 question survey was based on a previously utilised survey. The Australian Dental Association (ADA) emailed a link to the online survey on SurveyMonkey™ to approximately 11,000 active members. Attendees at the 2017 ADA Congress were surveyed in an ad hoc manner.

Results: A total of 887 dental practitioners completed and submitted the survey over a three-month period. For approximal carious lesions, 365 (41.1%) and 244 (27.5%) of respondents would restore lesions limited to enamel for primary and permanent lesions, respectively. For occlusal lesions, 203 (22.9%) and 295 (33.3%) of respondents would restore lesions limited to enamel. The box-slot preparation was the preferred preparation technique for primary (N=529; 59.6%) and permanent (N=417; 47%) approximal lesions. Removal of carious tissue only was the preferred preparation technique for primary (N=803; 90.5%) and permanent (N=743; 83.8%) lesions. Resin composite was the preferred permanent tooth restorative material for approximal (N=629; 70.9%) and occlusal (N=649; 73.2%) restorations. Resin-modified glass ionomer cement was preferred for approximal primary restorations (N=253; 28.5%) and resin composite for occlusal primary restorations (N=314; 35.4%). An arrested enamel occlusal carious lesion was correctly diagnosed by 343 (38.7%) respondents with 442 (49.8%) surgically intervening to manage the lesion.

Conclusion: Australian dentists intervened in approximal carious lesions limited to the enamel in approximately 41% of primary and 28% of permanent teeth. Occlusal lesions were restored when confined to the enamel in approximately 23% of primary and 33% of permanent teeth.

Fluoride release and staining potential of Silver Diamine Fluoride

Dr Jilen Patel¹

¹ University of Western Australia

Objectives: This study sought to (i) compare the fluoride leachate profiles of silver diamine fluoride (SDF), 5% sodium fluoride varnish (NaF), SDF with Potassium Iodide (SDF+KI), and fluoridated toothpaste (TP), (ii) investigate the staining potential of SDF, and (iii) the influence of KI application in reducing SDF staining.

Samples and Methods: Fluoride Leachate Analysis: Sixty enamel specimens were randomly grouped to receive topical application of one of four fluoride agents (NaF, SDF, SDF+KI and TP); n=15/group. Following fluoride application five samples from each group were immersed into either neutral, basic or acidic artificial saliva solutions.

The amount of fluoride release was measured at 24, 48, 96, and 168 hours post application using a fluoride ion selective electrode. The data was analysed using one-way ANOVA and student t-tests.

Staining potential: Five matched pairs of carious primary teeth (n=10) received either SDF or SDF+KI application. Subsequently, the teeth were immersed in artificial saliva and time-lapse photography was used to assess staining over a period of 168 hours.

Results: Statistically significant differences were found in the fluoride leachate profiles of NaF, SDF+KI and TP groups depending on the pH of the saliva solutions ($p<0.05$).

The overall fluoride release was statistically significant between the different groups (NaF > SDF > SDF + KI > TP) regardless of the differing pH solution. Noticeable black staining occurred rapidly following SDF application particularly in areas of caries or enamel irregularities. However, application of KI after SDF eliminated the degree and extent of staining.

Conclusions: Fluoride release varied among the different topical fluorides and was significantly influenced by the pH of artificial saliva. SDF application caused rapid black staining of the defective tooth structure, however this was mitigated with the use of KI immediately after SDF application.

SEAL Cambodia – A tale of two protocols

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Felicity Crombie¹, David Manton¹

¹ Melbourne Dental School

² University of Puthisastra, Cambodia

Objective: To evaluate the caries preventive effect of hand-mixed GIC Fissure Protection (FP) placed on first permanent molars of 6-8 year-old children in Cambodia using two different protocols.

Methods: A school-based randomised controlled trial involved two cohorts. The first included an intervention group (Group A) who received FP using the original protocol and a control group (Group B) who did not receive FP. The second cohort involved an intervention group (Group C) who received FP using a modified protocol and a matched control group (Group D) who received FP using the original protocol. The modified protocol involved control of the temperature of the material, the timing of mixing and placement. Groups A, B, and C were followed-up at 1y and Groups C and D were followed-up at 2y. Data analysis examined differences in caries incidence by Group.

Results: At 1y and 2y, 62.8%, and 68.0% follow-up rates were achieved, respectively. The mean age was 8.1y (SD 1.2) for the first cohort, and 6.6y (SD 0.6) for the second cohort. The mean dmft for the first and second cohorts was 8.0 (SD 3.9) and 9.9 (SD 4.3) respectively. There was no significant difference in caries increment between Groups in the first cohort at 1y. A preventive fraction of 89.1% at 1y and 32.3% at 2y was achieved using the modified protocol ($P<0.05$). Children with extreme caries experience (dmft >8) realised half the preventive fraction at 2y compared to those with dmft <8 (22.3% and 45.8% respectively).

Conclusions: Children suffered from an extreme burden of dental caries. The modified FP protocol had a significant impact on the caries preventive effect although it was lower than that reported in other studies. A more holistic approach is needed to reduce the burden of dental caries in Cambodia.



ANZSPD President's Report

Dr Sue Taji

The recent ANZSPD Biennial in February brought together colleagues from far and wide to enjoy a few days of late summer warmth on the Gold Coast.

The Queensland branch President, Dr Steven Kazoullis, branch Treasurer, Dr Greg Oii and the local organising committee worked tirelessly in the organisation of the Biennial and arranged a diverse group of national and international experts to provide their updates on a range of topics relevant to the oral health of children as well as the clinical management thereof.

The Biennial also marks the commencement of my term as ANZSPD's president and in the first instance, I would like to acknowledge the contributions Dr Timothy Johnston has made over the past few years as ANZSPD's president. Having been a Federal ANZSPD Councillor for Queensland and a member of the Federal Executive committee for a number of years now, I have seen first-hand the considerable work that members of the executive, the immediate past president, federal councillors and

others have continuously undertaken to promote the interests of the Australia and New Zealand Society of Paediatric Dentistry. The efforts of the immediate past president, members of the federal executive and federal councillors are to be commended and I thank them for entrusting myself with the presidency.

Looking ahead, planning is already well underway for the ANZSPD's RK Hall event in Perth in 2019 and the next ANZSPD Biennial in Tasmania in 2020. Both these events will provide fantastic learning opportunities as well as the opportunity to meet with colleagues from across Australia, New Zealand and beyond.

One does not need to look far to appreciate the ever increasing challenges the dental profession is facing as a whole. Many of these challenges are also faced by each and every one of us who takes interest in the oral health of children.

As each year passes by, new challenges evolve and require a co-ordinated effort to address, manage and resolve. ANZSPD's structure with state based branches and federal councillors from across the states of Australia and New Zealand, is a tried and tested structure that works well. I encourage all members to communicate with your state based federal councillor if and when a new challenge is encountered, such that the Federal Executive can be advised and act accordingly.

I look forward to working with the federal executive and federal councillors in the current term to continue the efforts of past presidents of the society in promoting the society's interests, namely to promote the bettering of oral health of children across Australia and New Zealand as well as furthering awareness & knowledge base of children's oral health care needs within the healthcare sectors, policy makers and within the wider community.

Winners of the 2017 ANZSPD Louise Brearley Messer Undergraduate and Postgraduate Essay Competition

Dr Carmel Lloyd

Federal Secretary ANZSPD (Inc)

It gives me very great pleasure to announce the winners of the 2017 ANZSPD Louise Brearley Messer Undergraduate and Postgraduate Essay Competition.

This essay competition has been named in recognition of the great contribution made by Professor Louise Brearley Messer AM in Teaching, Research and Administration in Paediatric Dentistry. The judges commented on the difficulty in choosing the winners due to the high standard of the entries received. I would like to thank all students who participated in the competition, their supervisors and especially the judges.

The results are as follows:

Postgraduate Essay

Greg Celine

University of Western Australia

Topic: " Over the last decade, endodontic treatment has changed significantly with access to technologies including NiTi files, reciprocating motors and advanced obturation techniques and materials. Discuss the application of this advance to primary dentition endodontics, indications and contra indications and alternate treatment modalities."

Undergraduate Essay

Jamie Jing Wen Leung

University of Western Australia

Topic: "Bioactive and biomimetic dental materials have advanced from relatively specialised highly biocompatible low strength medicaments to include newly emerging restorative materials. Explain the definition of bioactive and biomimetic in the context of these materials and consider how the well developed and newer materials may be utilised in paediatric restorative dentistry."

The winning essays will be published in future editions of *Synopses*.







Immediate Past President's Report

Tim Johnston

I am writing this about half way across the north Pacific Ocean on the way home from watching my youngest Son's School Pipe and Drum Band having been part of the Royal Military Tattoo in Nova Scotia.

The 19th Biennial meeting is well and truly over with all of us returning to busy lives and practices after a very enjoyable meeting. Many are probably making plans for their next meeting attendance but take a moment and look back. There was a lot of information provided by a fabulous range of speakers and a review of notes will remind you of that pearl of wisdom forgotten to early. As outgoing President, I would like to take the opportunity to thank again Greg Ooi and Steve Kazoullis for organizing the meeting. Having done similar many years ago for the meeting in Broome, I appreciate the considerable time taken away from family and practice, so thank you again Gentlemen.

It is essential to acknowledge the continuing support of Colgate to our Society, through the efforts of Sue Cartwright and her team. Not only with financial support but also in recognising ANZSPD as an authoritative body in the field of paediatric oral health care. In today's economic climate, it is a privilege to continue the close relationship we have and one we should remain grateful for and cultivate actively into the future.

Colgate also allows ANZSPD to hold a Post Graduate Research Competition as part of the Biennial meeting, with the winner sponsored to attend an international paediatric dental meeting to present their research. From my understanding, for the first time in the competition's history there were two joint winners this year, Drs Gregory Celine and Lloyd Hurrell. I congratulate all participants for outstanding presentations and particularly Greg and Lloyd on their research, their presentations and trust they will thoroughly enjoy presenting somewhere in the world.

Planning of the next RK Hall meeting is well underway, the meeting will be held in Perth. There will be a full day on the 15th March and a half-day on the 16th March in 2019. The keynote speaker is Associate Professor Peter Day from the University

of Leeds in the United Kingdom. Peter's main area of clinical interest is trauma management, along with this the local organizing committee will ensure a varied and interesting program. The LOC is well into organization of the scientific aspect but I know there will be a very strong social program to complement the meeting.

It was my honour at the Biennial meeting to recognise two stalwarts of the Society. Drs John Winters and Peter Gregory were awarded the ANZSPD Certificate of Appreciation for Service to the Society, both being inaugural recipients. John was recognized for the development and maintenance of the combined ANZSPD/AAPD website that is now the backbone of both groups. The website development has been a laborious task with a number of hurdles along the way that any other person would have walked away from. Without John's persistence we would still be writing cheques for membership dues.

Peter Gregory who unfortunately was not able to attend the meeting, was acknowledged for the contribution he made taking on the role of Federal Secretary / Manager after the passing of Dr Devlin. Alistair was one of the most intelligent people I have met and as I became aware after his passing, he had an eidetic memory. A lot of the history of ANZSPD was documented in Alistair's way that only Alistair knew what and where with accuracy and took a great deal of work from us lesser mortals to decipher. Peter was the right man for the job and did it with the precision we have known is the man. Peter's efforts allowed ANZSPD to remain on an even keel and continue as the Society we see today. I aim to present the award to Peter back at home in WA at a Branch function in front of his peers in the near future.

It was also my honour to announce Dr Kelly Oliver being the successful applicant for the 2018 Alistair Devlin Memorial Grant. The Alistair Devlin Memorial Grant is a sum of \$2000

dollars that is offered annually to assist a member of the Society with a project that provides benefit to children of our community focused on their oral health. There are strict criteria to be a recipient of this award and based on this it is not always granted. This year we had a number of very worthy applicants with lengthy discussion held by the Federal Council to which should be successful. Dr Oliver's project is titled 'Understanding the facilitators and barriers for providing primary oral health care for children with congenital heart disease'. This is vital work as we all know oral health can sometimes take second seat when a child is critically ill. Congratulations to Kelly and congratulations to all the applicants, please continue your vital projects and for any members of this Society, consider applying for the 2019 grant if you are involved in a community dental project, you don't have to be a post grad student. Details are on the website.

The past 12 months have been busy in regard to submissions written by ANZSPD to the ADA and other organizations; and to government at local, state and federal level. Correspondence of note was seeking guidance from the Australian Dental Association regarding membership and affiliation. The Federal Council as it stands feels it is extremely important that ANZSPD remain affiliated with the Australian and New Zealand Dental Associations and work on the new federal constitution will try and maintain this relationship.

The other important submission was to the ADA and the Senate Community Affairs References Committee on Private Health Insurance. Because ANZSPD is an affiliated Society of the ADA, ANZSPD was invited to and submitted to the ADA, with extracts of our submission included in the ADA's submission and a stand alone ANZSPD submission was sent directly to the PHI enquiry. ANZSPD's submission focused on a number of issues including equitable access to operating theatre time in private hospitals and inequity in PHI



The ANZSPD Alistair Devlin Memorial Grant

At the ANZSPD Federal Council meeting in Melbourne in February 2014, it was decided that the existing ANZSPD Grant be renamed The ANZSPD Alistair Devlin Memorial Grant in honour of Alistair's memory and to acknowledge his most significant contribution to the society.

One grant per year will be provided to the value of AUD \$2000 with eligibility restricted to current Full Members of ANZSPD (Inc.).

Applications are now being called for this grant, opening on 1 June 2018 and closing on 30 June 2018. Applications should be submitted electronically to Dr Carmel Lloyd, Federal Secretary, ANZSPD (Inc.) at federal.secretary@anzspd.org.au.

Federal Council will then adjudicate with a decision to be announced on 30 September 2018.

The successful applicant will be required to provide a report to the Federal Council, suitable for publication in the society's newsletter, *Synopses*, by the end of 2019.

Prospective applicants are referred to the ANZSPD website for details of current guidelines, as these differ from previous years.

The Federal Council may choose not to award a grant in the event of there being no suitable applications.

For more information see the Competitions and Awards page at www.anzspd.org.au.

**Applications
are NOW being
called for this grant**
OPEN
1-30 June 2018

Applications should be submitted electronically to:
Dr Carmel Lloyd, Federal Secretary, ANZSPD (Inc.)
federal.secretary@anzspd.org.au
1st to 30th June 2018
Federal Council will then adjudicate.

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rebate schemes and was complimentary to the submission prepared by our sister organisation the Australasian Academy of Paediatric Dentistry. I have had the chance to read the enquiry transcript and I was very pleased the concerns expressed by ANZSPD were discussed at length and strongly argued by the ADA. I am sure I am not alone in hoping the effort will not be wasted.

My term as President ended at the closure of the 19th Biennial meeting. Thank you all for putting up with me during my term, I have had the privilege of working with wonderful people, it is a pleasure to see how great people in this Society just get on and get things done. I have pushed my primary objective of ensuring ANZSPD remains an inclusive Society and a generalist Society and I look forward to enjoying this Society for many more years.

Dr Sue Taj is now Federal President. Sue has stepped into the Presidency of a special Society who's members make it what it is. Sue is known to be a very proactive and dynamic person and with the support of the dedicated and talented group in the Federal Council and the six branch Executives, we will all see the Society flourish under Sue's leadership.



Unprecedented Result in Research Award

John Sheahan

Chair of the 2018 Competition for the Colgate ANZSPD Research Award

Dr Tim Johnston will never forget his last few hours as Federal President of ANZSPD because, at short notice, he had to summon the Federal Councillors to a meeting during the Gala Dinner at the recent 19th Biennial Conference on the Gold Coast. What was the catalyst for this sudden meeting? In an unexpected twist, the judges of the Colgate ANZSPD Research Award had advised that they were unable to decide which of the two competitors on the panel's short-list was the more worthy recipient of the Award in 2018. Unable to separate them on merit, even after lengthy deliberation, the judges wanted to know from Federal Council how to break the deadlock. In its meeting, Federal Council unanimously decided there was only one solution – ANZSPD Inc would match the prize which is generously supplied by Colgate Oral Care. Instead of one prize, two first prizes would be awarded in 2018.

Earlier in the day, eight competitors had presented their research as part of the Biennial's scientific programme. With an oral presentation time of 10 minutes followed by 5 minutes of answering questions from the floor, competitors had to be succinct to make best use of

their allotted time. They were judged on the quality of the abstract and the oral presentation, the execution of the research itself, and the value of the research to paediatric dentistry. This year the award was judged by:

- Professor Nicola Innes, the Biennial's Keynote Speaker from the University of Dundee
- Dr Susan Cartwright, representing Colgate Oral Care, and
- Dr Michael Malandris, Federal Councillor and former South Australian Branch President representing ANZSPD Inc.

At stake was a return economy class airfare to an international paediatric dental meeting approved by ANZSPD's Federal Council plus a cash prize of A\$500 to defray some of the costs associated with registration and accommodation. This valuable prize and the chance for the winner to add this Award to his or her résumé makes the Award keenly sought after by those who are eligible to enter the competition.

This year's oral presentations showcased the broad spectrum and the high

standard of paediatric dental research being undertaken in Australia and New Zealand. Moreover, they demonstrated the great public speaking skills of our future leaders of paediatric dentistry. ANZSPD extends its congratulations to all the competitors and their supervisors for a job well done.

Enough suspense! In alphabetical order, the two winners were:

- Dr Greg Celine from The University of Western Australia, whose research was entitled "Eye-tracking Applications in Paediatric Dentistry", and
- Dr Lloyd Hurrell, from The University of Adelaide, whose research was entitled "The Management of Oral Mucositis in Paediatric Patients Undertaking Cancer Therapy".

All Members of ANZSPD wish them well on their travels.

The next Colgate ANZSPD Research Award will be conducted during ANZSPD's 20th Biennial Conference which is to be held in Tasmania early in 2020. After this year's competition, I'm looking forward to it with great anticipation.



ANZSPD (NSW) SCIENTIFIC MEETING



Friday 19th, October, 2018
Radisson Blu Hotel, Sydney CBD
8.30am - 5.00pm
(Registration commences at 8.00am)

International speaker



Prof. Monty Duggal
Discipline of Paediatric
Dentistry
National University of
Singapore



Prof. Ali Darendeliler
Chair, Orthodontics
University of Sydney



Dr Lydia Lim
Consultant, OMFS
Children's Hospital
at Westmead



Dr James Lucas
Clinical Associate Prof.
University of Melbourne



Dr Craig Brown
Consultant Advisor,
ADA (NSW Branch)

EARLY BIRD REGISTRATION FINISHES ON 17TH AUGUST, 2018
SPONSORSHIP OPPORTUNITIES, PLEASE CONTACT : anzspd.nsw@gmail.com
Registration includes Morning Tea, Lunch and Afternoon Tea

Early bird (all fees inclusive of GST)
Registration fees \$495
NSW-ANZSPD members only \$395

Late registration (from 18th Aug, 2018)
Registration fees \$595
NSW-ANZSPD members only \$495

Payment Method: **Direct Bank Transfer BSB 951-200; Account No: 012815682**
Account name: ANZSPD NSW Branch Inc.

Please send a copy of the receipt with your full name to anzpd.nsw@gmail.com

For more information please email anzspd.nsw@gmail.com

Up Coming Events

4-6 May 2018

ACLAPA 12th Australasian Cleft Lip and Palate Association Conference 2018

Sydney, NSW
www.cleft.org.au/conference/sydney-4-6-may-2018

24 May 2018

AAPD 71st Annual Session
Honolulu, Hawaii
annual.aapd.org

20-23 June 2018

EAPD 14th Congress of the European Academy of Paediatric Dentistry

Lugano, Switzerland
www.eapd2018.org

27 July 2018

ANZSPD(WA) Bunker Bay Mid-Winter Meeting

Enquiries to Joy Huang: anzspdwa@gmail.com

15-18 August 2018

IADT 20th World Congress on Dental Traumatology

San Diego, CA, USA
www.wcdt2018.com

20-21 October 2018

AAPD Next Scientific Meeting and 25th AGM

Sydney, NSW
www.aapdsydney2018.org.au

15-16 March 2019

ANZSPD RK Hall Lecture Series
Perth, WA



3-7 July 2019

27th IAPD Cancun Congress
Cancun, Mexico
www.iapd2019.org

7-12 June 2021

28th IAPD Maastricht Congress
Maastricht, The Netherlands
www.iapd2021.org

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